

RH-F-2
1/99

Virginia Health Department
Radiological Health
P.O. Box 2448
Richmond, VA 23218
(804) 786-5932

____/____/____
Facility ID No.
Specify Type of Practice
____ Hospital
____ Medical
____ Chiropractic
____ Dental
____ Podiatric
____ Veterinary
____ Other (specify) _____

**REGISTRATION FOR RADIATION
SOURCES USED IN THE HEALING ARTS**

Check one: ____ New registration
 ____ Additional machines

A. General Information (type or print)

1. Name of facility or owner _____
2. Street address _____
City and Zip _____
3. Name of doctor(s) practicing at the above address _____
4. Name of individual responsible for radiation safety of this equipment _____
Address _____
5. Has your equipment been inspected by someone on the list of private inspectors of X-ray equipment during the last year?
____ yes ____ no
6. If so, by whom? _____ Last date checked _____

B. X-ray Machines Register each tube in a separate section; including combination fluoro-radiographic units.

Type of machine _____	Date installed _____	Reg. No. _____ (state use only)
Manufacturer _____	Model # _____	
Console serial _____	Tube serial _____	
Rating: Max machine energy (specify KVP or MEV) _____	Max machine mA _____ Machine location _____	
Type of machine _____	Date installed _____	Reg. No. _____ (state use only)
Manufacturer _____	Model # _____	
Console serial _____	Tube serial _____	
Rating: Max machine energy (specify KVP or Mev) _____	Max machine mA _____ Machine location _____	
Type of machine _____	Date installed _____	Reg. No. _____ (state use only)
Manufacturer _____	Model # _____	
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Manufacturer _____	Model # _____	
Console serial _____	Tube serial _____	
Rating: Max machine energy (specify KVP or Mev) _____	Max machine mA _____ Machine location _____	

Date _____ Owner's Signature _____